

## ALTERNATIVE MEDICINE: “NEW” TREATMENT FOR THE 1990S

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For the past decade, health promotion and wellness have captivated the attention of millions of Americans; referred to by the buzz words “alternative medicine.” The issue debated here is whether alternative medicine is “new” or is it another proposed solution to the ever-increasing costs of health care. Many underserved African Americans have not been willing to lie down and die because of poverty or the lack of access to health care. Consequently, African Americans have tried an endless array of folk remedies and over-the-counter medicines to relieve symptoms and save lives. Moreover, Native Americans have for centuries maintained that health and happiness are attainable only when lifestyles are in harmony with the laws of God and nature. We are constantly learning more about the value of Amish country medicine, which has been handed down from generation to generation and is reported to cure everything from poor memory to thinning hair.<sup>1</sup> In essence, alternative or unconventional therapies are difficult to define because they encompass a broad range of practices and beliefs that are generally not considered to be in conformity with the standards of Western medical concepts.

The wellness approach to better health is defined in terms of changing lifestyles and seeks to substitute health-promoting behavior via diet, exercise, vitamins, herbs, and smoking cessation — a theme promulgated for years by public health authorities. In general, the clinical lexicon of alternative medicine consists of meditation, electrotherapy, chiropractic, homeopathy,

vegetarianism, yoga, and the traditional medicine of Chinese doctors.

The scientific medical findings of today adequately explain why most Americans have gained a broad-based interest in wellness activities. For example, the reports of the surgeon general indicate a direct correlation between smoking and ill health. Likewise, good nutrition has become a health concern as cholesterol and fats dominate the news and are considered to be major contributors to heart disease.<sup>2</sup>

The motives of our government to hastily establish the Office of Alternative Medicine (OAM), a Congressionally mandated section within the National Institutes of Health, have justifiably raised suspicions. It is interesting that only a decade ago a federal court enjoined the American Medical Association from equating chiropractic medicine with quackery. Today, 85% of employee insurance providers offer chiropractic benefits and a number of states now require health maintenance organizations (HMO) to offer chiropractic medicine. Already, the OAM has approved 30 research grants to test the efficacy of a variety of alternative therapies, including acupuncture for unipolar depression and yoga for obsessive-compulsive disorders.<sup>3</sup>

Of concern is that some alternative medicine practitioners may promote quackery as sanctioned by the OAM and ultimately the NIH. Even now, some health and wellness zealots proclaim that miracles of modern medicine are not cure-alls and heart bypass is cited as an example. The public is told that while bypass techniques have improved and many of the potentially serious complications have declined, there remains a risk of strokes, heart attacks, and death. It is promulgated that as much as 25% of the 350 000 bypass surgeries performed each year are clearly not necessary, costing the American public between \$25 000 to \$40 000 per patient.<sup>4</sup> Presently, consumer spending on alternative medicine is estimated to stand at approxi-

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mately \$14 billion, and 30% of this sum is reimbursed by insurance. While scientific support for alternative medicine leaves much to be desired, it is evident that pet and garden therapies appear to lower blood pressure and improve the quality of life for some patients.

Repeatedly, the OAM has stated that it is operating in the best interests of the public and of modern medicine by promoting a collaboration between practitioners of alternative medicine and scientific research. Accordingly, the Veterans Affairs news service reported that the VA joined forces with the Navajo nation and the NIH in a \$1.9 million test program designed to compare Native American healing with conventional medicine. The project, which involves 600 Navajo veterans, began in December 1990 and ended in the fall of 1993. Navajo medicine men, using herbs, plants, chants, and ceremonial rituals, were scrutinized to determine the true value of these practices.<sup>5</sup>

Shortly after the OAM was established, Mutual of Omaha, the nation's largest health insurer, agreed to offer limited coverage to subscribers who participated in a reversal program of alternative medicine to reduce heart disease. Mutual coverage of alternative medicine would seem to suggest that the American public is indeed unhappy with costs, side effects, and poor results from modern medicine. Nonetheless, while pet therapy and gardening may improve a variety of mental and physical conditions, no particular form of treatment

should be offered solely on the basis of a patient's ability to pay. Unless we are careful, our nation may eventually develop a two-tier system of health care, one for the rich and famous and another system for the poor.

Physicians, especially African-American physicians who traditionally treat the poor, must insist that alternative medicine undergo the rigors of scientific investigation to verify benefits and risks before they are touted as new and acceptable treatments. At present, alternative medicine is used most frequently by patients with chronic diseases, ie, cancer, arthritis, chronic back pain, the acquired immunodeficiency syndrome, gastrointestinal problems, chronic renal failure, and eating disorders. However, little is known about the overall cost and the patterns of use. Is it possible for the hocus-pocus folk medicine of yesteryear to become an integral part of tomorrow's medicine?

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